

**ARIZONA STATE BOARD OF ACCOUNTANCY**

100 North 15th Avenue, Ste.165

Phoenix, Arizona 85007

(602) 364-0804 FAX (602) 364-0903

**APPLICATION FOR A CERTIFIED PUBLIC ACCOUNTANT OFFICE - SOLE PRACTITIONER  
A.R.S. §§ 32-701(8); 730(A) & (J); 732 and 742(C) A.A.C. R4-1-455.03(D)(1)**

Application is hereby made for the registration of a certified public accountant office (sole practitioner) under the provisions of the above-noted sections of the Arizona Accountancy Law and Arizona Administrative Code. Upon acceptance by the Board, this registration must be renewed at the time the registrant renews their CPA certificate. Sole practitioner renewal forms may be found at [www.azaccountancy.gov](http://www.azaccountancy.gov) under "forms." Failure to register or renew this registration may be cause for suspension.

**PLEASE TYPE OR PRINT****Name under which  
the office operates:** \_\_\_\_\_Office Address: \_\_\_\_\_  
STREET

CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET

CITY STATE ZIP

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Owner of actual or beneficial interests in this practice:**

(Only persons licensed in this state may represent themselves as a certified public accountant. As a sole practitioner, only one owner can be listed.)

Name: \_\_\_\_\_ CPA Certificate No.: \_\_\_\_\_

Address: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\_\_\_\_\_

**\*\*OVER\*\*****For official use only:**

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_ CPA Office #: \_\_\_\_\_

**CPA EMPLOYEES**

Only persons licensed in this state may represent themselves as a certified public accountant.

Name	CPA Certificate No.	State of Issuance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a separate sheet, if necessary.

- Please note that it is prohibited to operate under an unregistered firm name, until the Board approves the application, per A.R.S. § 32-747(A).
- To avoid undue costs, delay generating stationery, business cards, advertising, etc. prior to the approval of your firm name.
- You are encouraged to review A.A.C. R4-1-454, Peer Review, to determine whether the services you intend to offer are subject to peer review or random peer review.

**AFFIDAVIT: Under penalties of perjury, I declare and affirm that:**

- The Arizona State Board of Accountancy will be notified in writing, within thirty days, of any changes, including but not limited to, termination of the office, count or location of offices, admission or withdrawal of any employee and any changes in the status of all other licenses held by the firm in accordance with the requirements of A.R.S. § 32-731.
- The statements made in the foregoing application, including any accompanying statements attached, are true, complete and correct, and correct.

SIGNATURE: \_\_\_\_\_  
(AZ CPA Owner)

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_